

IV. SUBJECT: Hearing Program

A. POLICY STATEMENT

SC DHEC will assure access to hearing devices and related supplies for eligible persons in collaboration with the state Medicaid program. Services for Medicaid recipients will be provided in accordance with current SC DHEC contract with SC DHHS. Policies are developed with input from the MCH audiology consultant.

B. STANDARDS

1. Eligibility criteria

- a. US citizenship or lawful permanent residency;
- b. South Carolina residency;
- c. Current Medicaid enrollment or verified household income at or below 250% of current federal poverty guidelines;
- d. Age/Income
 - i. Must be under age 18 (on or before last day of month of 18st birthday) with household income at or below 250% federal poverty guidelines; OR
 - ii. Must be under age 21 (on or before last day of month of 21st birthday) and enrolled in Medicaid fee-for-service plan; Intellectual and Developmental Disabilities (I/DD, formerly MR/RD) waiver; Medical Home Network (MHN); or a Managed Care Organization (MCO) with current DHEC contract for provision of hearing aids (see list in Appendix 4, Table 4-3).
- e. Hearing loss requiring augmentation by licensed audiologist must document hearing loss and need for hearing aid.

2. Covered services (some limitations may apply, see PROCEDURES):

- a. Up to two hearing aids per ear per 24-month period -- i.e. one hearing aid per ear, plus one replacement of that same hearing aid, *in addition to any replacements made under manufacturer warranty*;
- b. Hearing aid batteries as required by eligible persons;
- c. Hearing aid repairs (see REPAIRS section below for limitations); and
- d. Cochlear implant supplies.

3. Non-covered services

- a. Hearing aid repairs covered by manufacturer warranty period;
- b. Purchase of extended warranty; and
- c. Purchases made without CSHCN prior authorization.

4. Audiologists requesting reimbursement for covered services must:
 - a. Be licensed in state where services are provided;
 - b. Be enrolled as SC Medicaid provider (confirms licensure verification); and
 - c. Have current SC DHEC audiological contract (requires current licensure).
5. Approval requirements:
 - a. Division CSHCN (central office) review and approval is required prior to authorization for hearing aids if:
 - i. Manufacturer single unit price greater than \$750 (including shipping and handling); or
 - ii. Documented hearing loss in ear to be aided is less than 21 dBs.
 - b. Regional CSHCN office may authorize DHEC purchase of hearing aids if:
 - i. *Initial* hearing program eligibility determination has been established; and
 - ii. Manufacturer single unit price is more than \$750 (including shipping and handling); and
 - iii. Documented hearing loss in ear to be aided is greater than 21 decibels.
6. Regional CSHCN staff will obtain medical clearance statement from physician, advanced practice registered nurse (APRN), clinical nurse specialist, or physician assistant familiar with the client's medical needs. This is a legally required written statement to verify medical evaluation of the hearing loss, and the patient is a candidate for a hearing aid. The medical clearance date may be no more than six months prior to hearing aid purchase.

C. PROCEDURES

1. Hearing Aids INITIAL REQUEST

- a. Audiologist determines need for hearing aid and sends following information to the regional CSHCN office:
 - i. Summary of evaluation and assessments used to determine need for requested hearing aid(s); and
 - ii. Type and manufacturer single unit price (including shipping and handling) of recommended device(s).
- b. Regional CSHCN office:
 - i. Verifies that person requesting services meets program eligibility requirements for age, US citizenship or lawful permanent residency, state residency, and household income at or below 250% federal poverty guidelines according to guidelines in Appendix 2; or current Medicaid enrollment; and

- ii. Sends written confirmation that all eligibility criteria listed above have been verified; and supporting documentation from audiologist (listed above) to Division CSHCN.
- c. Division CSHCN reviews documentation provided by regional office, obtains missing information or documentation as needed, and makes eligibility determination based on current policy.
 - i. If determined not eligible, written notification sent to regional office, family, and audiologist.
 - ii. If determined eligible, requested hearing cost is \$750 or less, and hearing loss in ear to be aided is at least 21 dBs, all submitted information is returned to regional CSHCN for issuing authorization.
 - iii. If determined eligible, but requested hearing cost is over \$750 or hearing loss in ear to be aided is less than 21 dBs, documentation is forwarded to MCH audiology consultant for determination clinical eligibility and which device(s) may be authorized.
 - iv. Division CSHCN returns documentation to regional office to inform audiologist and family of status, and to issue authorization for purchase of approved devices by audiologist and sends written
- d. For approved requests, Regional CSHCN office:
 - i. Obtains and files medical clearance statement in health record;
 - ii. Issues authorization for approved devices to the requesting audiologist (medical clearance must be obtained before authorization is issued); and
 - iii. Arranges for DHEC purchase of replacement batteries (see “Batteries” section below).

2. Hearing Aids SUBSEQUENT REQUESTS

- a. Upon audiologist hearing aid request for person previously determined eligible for hearing program services, Regional CSHCN office:
 - i. Confirms verification of *continuing* eligibility for program services within the past 12 months;
 - ii. Requests central office approval for hearing aids with manufacturer single unit price \$750 or more (including shipping and handling, or documented hearing loss less than 21 dB in ear to be aided;
 - iii. Obtains medical clearance statement for hearing aid use if not already on file in health record (see description of medical clearance statement in STANDARDS section above);
 - iv. Issues authorization for purchase of approved device(s), including up to eight batteries per hearing aid within 5 working days of receipt of request;

- v. Arranges for DHEC purchase of replacement batteries in accordance with guidance below (see BATTERIES section).
- b. Upon receipt of authorization, the requesting audiologist will:
 - i. Order the device(s) from the manufacturer;
 - ii. Complete hearing aid fitting and orientation; and
 - iii. Submit SC DHEC authorization form, documentation of manufacturer single unit price (including shipping and handling), invoice, and documentation that insurance has been billed (Explanation of Benefits statement if applicable) to regional CSHCN office.
- c. Upon receipt of request for reimbursement for authorized services, Regional CSHCN office will review for accuracy and completeness, and forward to Division CSHCN (central office).
- 3. Division CSHCN (central office) will review information submitted with requests for reimbursement, determine reimbursement amount, enter data into the appropriate data system(s), and forward required information to Health Services Operations (HSO) for provider payment.

Approved reimbursement amount is based on the *higher* of manufacturer single unit price (including shipping and handling) or price paid by the audiologist or facility.

4. Batteries

- a. Regional CSHCN office authorization for new hearing aid should include purchase of up to eight batteries to assure that the client has an initial supply of batteries.
- b. Division CSHCN (central office) provides replacement hearing aid batteries for eligible children.
- c. When a hearing aid is approved for purchase, or when need for replacement batteries for eligible person is identified, regional CSHCN office must send the following information to the Division CSHCN (central office) to set up regular purchase of replacement batteries:
 - i. Confirmation that a signed Consent for Assignment of Benefits (DHEC 0788 or equivalent) is on file in the regional office (this should have been obtained as part of the eligibility determination process);
 - ii. Identifying information to include: name, address, date of birth, CRS and/or MCI number and Medicaid number if applicable (central office can determine if the client is served by a managed care organization that will purchase batteries for the client); and
 - iii. Manufacturer, model number, and battery size for each hearing aid used.

- d. Division CSHCN (central office) will:
 - i. Mail initial supply (12-16 per aid depending on manufacturer packaging) of batteries with a stamped and self-addressed Battery Renewal Card (DHEC 0708) instructing the client, parent or guardian to sign and return the card at least two weeks before new batteries are needed.
 - ii. Order replacement batteries from the state contracted vendor; and
 - iii. Mail batteries and another renewal card.

5. Repairs

- a. If the device is under manufacturer warranty, the (dispensing) audiologist must arrange manufacturer repair, and pay any associated mailing or handling fees. The audiologist may bill DHEC for “loss” or “damage” fees charged by manufacturer for repairs under in warranty.
- b. If the device is NOT under warranty, the audiologist will submit the following information to regional CSHCN office:
 - i. Reason for repair (cause of damage);
 - ii. Approximate cost of the repair, and
 - iii. Type, make and model of the device to be repaired;
- c. If the estimated repair cost is \$250 or less per aid, including shipping and handling, the regional CSHCN office may issue authorization of hearing aid repair to the audiologist or appropriate vendor. The authorization must include:
 - i. Reason for repair (cause of damage);
 - ii. Estimated cost of repair (up to \$250);
 - iii. Type, make and model number of the hearing aid to be repaired; and
 - iv. Name provider or state vendor to be reimbursed for the cost of the repair – e.g. requesting audiologist; SC School for the Deaf and Blind, University of South Carolina (USC), SC State University, Medical University of South Carolina (MUSC), or hearing aid repair facility (e.g. Audiology Care);
- d. If the estimated hearing aid repair cost is more than \$250 per aid (including shipping and handling), central office review is required.
Regional CSHCN office will send following information provided by the audiologist to Division CSHCN (central office):
 - i. Reason for repair (cause of damage);
 - ii. Estimated cost of the repair; and
 - iii. Type, make and model number of the hearing aid to be repaired.

- e. Division CSHCN (central office) will obtain MCH audiology consultant review, and notify regional CSHCN office, provider, and family of approval decision.
- f. Regional CSHCN office issues authorization for approved repairs to the appropriate vendor.

D. Cochlear implant supplies

Division CSHCN (central office) provides specified cochlear implant supplies for Medicaid recipients under age 21 (through last day of month of 21st birthday) per contractual agreements with DHHS for fee for service enrollees, or with Medicaid managed care plans for their enrollees.

1. Cochlear Implant Center audiologist:

- a. Determines need for cochlear supply/service through evaluation and assessment completed in accordance with established practice standards;
- b. Compiles and submits the following information to Division CSHCN (central office):
 - i. Patient demographic information (name, date of birth, address);
 - ii. Certificate Of Medical Necessity form;
 - iii. Provider name;
 - iv. ICD9 code;
 - v. Type of processor;
 - vi. Implant side(s);
 - vii. Procedure code(s), item number, quantities, and cost of item(s) requested;
 - viii. Estimated time item is needed by client;
 - ix. Medical justification for requested item(s) or service; and
 - x. Signature of requesting providers.

2. Division CSHCN (central office):

- a. Reviews request for completeness;
- b. Verifies client age and Medicaid status;
- c. Confirms that general consent and assignment of benefits has been obtained;
- d. Forwards request to MCH audiology consultant for review and approval;
- e. Obtains DHHS prior authorization if applicable; and

3. Authorizes or places order for purchase of approved supplies and/or equipment.

E. Waiver Participants

1. Audiologist must contact the SC Department of Disabilities and Special Needs (DDSN) service coordinator to start the approval process when individuals ages 21 and over served by DDSN under the Medicaid Intellectual and Developmental Disabilities waiver (I/DD, formerly “MR/RD” waiver) need hearing program services.
2. The DDSN service coordinator compiles the information listed below and sends to the Division CSHCN (central office) for DHEC prior approval:
 - a. Identifying information (name, date of birth, Medicaid number);
 - b. (DHHS) Prior authorization number;
 - c. Description of authorized service and payment limit;
 - d. Type of hearing aid related service with type, brand and model number;
 - e. Service coordinator contact information.
3. Upon receipt, Division CSHCN (central office) issues prior authorization to the audiologist. The audiologist submits invoice for authorized services to Division CSHCN (central office) for payment.